## PROFESSIONAL REMINISCENCES OF FOREIGN TRAVEL.

[Concluded from page 369.]

THERE is diversity of opinion in regard to the methods adopted by Prof. Simpson in the treatment of uterine displacements, and diseases. By some, they are condemned, probably without trial—by others, warmly recommended, and fairly used. By some we are told that such diseases wear out by time, or the patient at length comes to tolerate what she has long suffered; and if the displacement remain, its symptoms may disappear, and this, with all sorts of treatment, or in the abandonment of treatment altogether. This spontaneous recovery, however, will not be always waited for. Treatment will be demanded, and treatment procured. The current amount of professional faith in itself, and its means, will settle, as it is now daily doing, whether regularly-bred physicians shall have the management of grave, and most distressing diseases, or whether they shall pass into the hands of others, whose faith exceeds their knowledge, and whose promises of cure may have an effect in the recoveries attributed to their ministries. In Prof. Simpson's methods in Europe there is confidence. He has for his friends in Scotland, Ireland, England, the support of some of the best men who have devoted themselves to the study and treatment of female complaints. He went within the year to Ireland with his friend, the celebrated Retzius, of Sweden, who passed with him part of the summer. He was welcomed to Dublin by the whole profession; and received its public hospitalities and honors, alike for his introduction of chloroform, and for his methods of treating uterine diseases. It is not difficult to explain how some methods may fail in the hands of those who are unacquainted with their use. They are mechanical—surgical, and skill can only come of experience. I was daily struck with the entire facility with which Dr. Simpson did his various operations. He has acquired skill by practice. Very, very little pain was ever complained of by the patients. He is very quiet, gentle in his manipulations, and is the object of the deepest interest and regard of those he serves. I have heard originality denied to him; and the proof was found in instruments longer in use than his own. For instance, the stem pessary of Boston was earlier than his, it is said. But this instrument has the stem on the *outside of the vagina*, and is only used to give points of attachment to straps to keep the instrument in place. In Prof. Simpson's instrument, the stem is passed *into the uterus*, reducing the dislocations which may have taken place in the organ itself, and restoring it to its true place in the pelvis if displaced; an agency which is not within the compass of any preceding pessary within my knowledge.

*Ovarian Dropsy.*—Among other surgical operations which I had an opportunity to witness in Edinburgh, was one for ovarian dropsy. This patient had presented herself at Professor Simpson's clinique, where I had seen her some days before. Mr. Goodsir did the operation. It was done to relieve her of great present distress—to discover the state of the abdominal viscera—to learn what was the condition of the sac as to adhesions—if there were more than one sac—if any induration existed—if

the tumor were moveable, &c. &c. The simplicity of the arrangements for the operation interested me. At home, I had always seen the patient taken out of bed, and placed in a chair. A sheet is then carried round the abdomen, with an arrangement for drawing it, so as to compress the tumor as the water passed off. In Edinburgh, the patient was simply brought to the edge of the bed—a tub placed by its side. The trocar and canula are pushed into the sac, in a convenient place for the discharge of the fluid. The quantity was very large, and of an unusually dark color. After the ovary was emptied, and the canula had left the cyst which had contained the fluid, and so opened into the peritoneal cavity, a discharge of clear water at once took place, showing that along with the ovarian disease was ascites, an accident to the graver malady.

The patient was left very comfortable from the removal of her burden. I did not remain long enough in Edinburgh to learn the result of the case.

*Chloroform.*—This furnished a topic of much interest in Edinburgh. At breakfast, one morning, Prof. Simpson met me with these tidings from America. "Prof. C., the Boston Journal says that three more cases of death from chloroform have recently occurred in your country." I now asked again if he had met with any untoward results from its use in his own practice—with any thing which had produced in his mind the least doubt as to its entire safety. He said, no—he had not met with any accident from the use of chloroform. I knew Prof. S. introduced chloroform into the practice of midwifery, and of surgery, and that it might be said that such a relation to it would bias his opinions concerning it. I therefore looked for its use elsewhere, in the hands of others. The same answer came. Here were patients undergoing surgical operations; and chloroform, in its fullest use, in these, was found to be as safe as elsewhere. It was my privilege to see it used in midwifery, and it was as manageable as any other medicinal agent of real power, in any employment of it. There was one application of it, which seemed to me as much of a test-trial as well could be. This was its employment to produce insensibility in painful diseases, and as a means of diagnosis. I say a test or trial use, and for this reason. In the surgical cases which have been fatal under the use of chloroform, it has been employed to produce insensibility as a *preparation* for operations. It has not been when employed in the *midst of operations*, and to *continue* insensibility during the progress of the knife, that it has been fatal, but when used as a *preparation*, and especially in cases of slight surgical interest. It has never been fatal in midwifery, and the explanation is, that in these long-continued cases of suffering such a condition of nervous power is produced as to modify the action of chloroform. But in its use for diagnosis, such condition has probably been but partially produced, and still, in these, chloroform was perfectly safe. It was suggested that the occasional mortality after the use of chloroform may be owing to its impurity. I called, with Prof. Simpson, on Messrs. Duncan, Flockhart & Co., and examined their chloroform, and compared it with other specimens obtained from other chemists and druggists. The process was a very simple one, and though it showed a difference among kinds, it did not teach on what the difference depended. The process consisted in dropping a little chloro-

form on the back of the hand, and when the part was dry it was smelled to. No smell remained after the trial with Duncan & Co.'s. A disagreeable odor remained after another specimen was tested in the same way. Now though some impurity may exist in a specimen of chloroform, the question is not settled how far such would affect its medicinal use. I was assured that Duncan's chloroform was in extensive use in Edinburgh, and that no untoward results had marked its employment. Nor had such result, as far as I heard, followed the use of what seemed less pure chloroform. Messrs. Duncan & Co. told me that their weekly orders from London were between one and two hundred pounds of chloroform. Much more must be supplied by other manufacturers, for, as far as learned, this is the principal anæsthetic employed in Great Britain and on the Continent. Supposing impurity to have had no agency in producing the deaths which have followed the use of chloroform, we look to predisposition either of idiosyncrasy, or other, if such exist, and which may involve the same fatal results. The question which arises here is quite as difficult to answer as that which impurity of the article may suggest. In other words, we may know as little of one as the other, and the concurrence of both may be as little understood. We must then take the facts as they are, and each decide for himself what his course concerning anæsthetics shall be. I have brought with me a specimen of Edinburgh chloroform. One of our best druggists has examined this, and expressed himself so entirely pleased with it that he means to order one hundred pounds of it from the house of Duncan & Co., in Edinburgh.

It is not my purpose to discuss the question of the comparative advantages and dangers of chloroform and sulphuric ether. I gathered abroad that chloroform is much employed. In England, it has been seriously and strongly condemned by some, while many use it. In Scotland, I did not hear the word *ether* uttered in this connection. With us there is a divided opinion against it. One or two employ chloric ether—a solution of ether in alcohol—a tincture of chloroform, the produce of distillation, and of simple mixture with alcohol, being precisely the same. Others say that this has its sole power in the chloroform, as the brandy and water dram has its main claim in the brandy; and we have one case narrated, and which occurred here, in which death took place almost immediately after the inhalation of chloric ether. Many here use chloroform altogether, and without any more distrust of its perfectly safe powers than the faculty in Edinburgh have. By far the greater number use sulphuric ether, and are entirely satisfied with it. It is effectual, say they, and safe. For myself, I mostly use ether. There are cases in which this fails; and it may be when an important operation in midwifery is to be done. In such, I substitute chloroform, and have never had cause to regret its employment. Since I returned from abroad, I have had consultations in difficult labor, and in one half, I have found the attendant using chloroform—in the other, ether; the results were alike excellent in both. The forceps was used in these, in a state of perfect unconsciousness, and both mothers and children have done alike well. There is not on record a case of death after chloroform in midwifery practice, and I have no reason to believe that unrecorded cases have happened. In sur-

gery, deaths have occurred. In these, death has followed the use of chloroform as a *preparation* for the operation. In midwifery, and medicine, its use is very much confined to advanced periods of the labor, or of the disease. In one complication of labor—convulsions—chloroform has acted as no other means known by me have. It has been more successfully used than has any or all other remedies. In my book on etherization in child-birth, p. 307, are ten cases of puerperal convulsions in which anæsthetics were used. Of these, six of the women did well, and three children were born alive. In another table, p. 330, are seven cases of puerperal convulsions, in which etherization was not used. Of these, six women died, and only one child was born alive. Now these are not picked cases. They occurred in the same year as did those in the other table in which etherization by chloroform was used. They are too many to be resolved into coincidences, and my latest observations of puerperal convulsions, furnish new evidence of the safety and importance of the use of chloroform in this disease. The latest trials of it have exceeded in interest the preceding ones. For in some of these, chloroform has been employed *at the very beginning* of the attack, and before any other means have been used, as bleeding, &c., and with the happiest results. In some of my latest cases, before I saw the patient, most faithful medication had been tried, and where the case seemed utterly hopeless. Chloroform has been curative. My friend, Dr. Crane, of East Boston, will recollect cases of this kind, apparently utterly hopeless, in which the immediate result of its use was permanent suspension of the fits, and rapid recovery. I am very glad of an opportunity to give this direct and strong statement of the whole good agency of chloroform in this fatal malady; and I believe I may recommend it to others on an amount of testimony on which they may rely, without going into the evidence. I will say, that chloroform in these cases has been far more, and immediately useful, than has sulphuric ether. I have seen the two tried, fairly tried, and am sure of what I say. In the convulsions of children, chloroform has also been useful. I have tried the old, the stereotyped plan—bleeding, bathing, vomiting, purging—faithfully tried, and have known the fits steadily to go on. Under advice or consultation this treatment has been continued, and in vain. I have known fully the beneficial effects of chloroform in these cases. I have been informed of cases in which chloroform has been used in the *first instance* in fits of children, and of its good effects in such exclusive use of it. In the progress of a case of diseased brain, in a child three or four years old, and in which effusion was believed to exist, convulsion became a most distressing complication. The mother, advanced in pregnancy—looking daily for labor, asked if some means could not be used to diminish such constant and terrible expressions of suffering. *Sulphuric ether* was tried in this case. The convulsions were lessened in frequency, and soon ceased. This child recovered. In the use of such an agent as chloroform in such cases, the greatest care should be observed. Sponge should never be used for applying it. *I never saw sponge used abroad.* A bit of cloth, folded on a handkerchief as taken from the drawer, is always used. Very little is poured, or, better, *dropped* upon its centre, and the

cloth is always so held as to allow a due mixture of atmospheric air with the chloroform vapor. As soon as its effects are perceived, the handkerchief is removed. Unless such, and all other needed cautions are used, it is not to be wondered at that untoward, even fatal results should be produced.

I have spoken of the use of chloroform in Europe, as I saw it used and heard it spoken of. I have alluded to the general confidence in its safety, and of the questions which now and then arise there concerning this important point in the employment of this active medicinal agent. While writing I have received Rev. Dr. Parker's Report of his Hospital in Canton, China, for 1850 and 1851, and this pamphlet from a distant land has a word concerning chloroform. In 17 surgical operations—9 for stone, and 8 for the removal of tumors, some of enormous size—chloroform was used, producing entire insensibility, and without any untoward occurrence. No such occurrence is alluded to in the pamphlet, which considering its source, is the best evidence that such has not been met with in Canton. I state the grave character of the operations, the length of time required, and but for chloroform, the exquisite suffering. I refer to this especially, because most of the mortality after its use elsewhere has occurred when it has been employed as a *preparation* for the most trifling operations in surgery, when the general health was good, or had not been impaired, nor the nervous impressibility lessened by preceding disease and suffering. I mention this Report, not merely to allude to the important professional facts it contains, but to express my grateful sense of Dr. Parker's kindness in sending it to me. Rev. Dr. Parker is at the head of the Canton Hospital, which in 1850 received 4712 patients, and in 1851, 4103, about one half of which were for diseases of the eye. Dr. Parker treats all cases without fee, whether in or out of the Hospital, and whether poor or rich, and with extraordinary success. He is training native pupils for the same service, and this, too, with encouraging success. In this way he has secured an interest in his missionary labors which is very striking. The evidence is in the letters of thanks of those he has cured, and which are in this Report. You see how these converts love him, with what deep reverence they allude to the sacred writings which he is unfolding and explaining to them, and you cannot withhold from him your admiration, your interest in the success of his extraordinary labors. The quantity of chloroform used by Dr. Parker, was small, sometimes half a drachm only, at others two or three drachms.

I have stated above what I saw done with chloroform in Edinburgh, and what is recorded of it in Canton, how common its use, and how safe has been its employment in those cities. But it is as well known that death elsewhere has followed its inhalation, in too many cases (between thirty and forty), and too soon after its exhibition to leave any doubt that it was the cause of those deaths. This fact in the history of chloroform has induced many medical men to abandon its use entirely in any of its forms, and has confined its employment by others to few and rare cases.

*Sulphuric Ether.*—The anæsthetic effects of this substance were dis-

covered and demonstrated in America, in Boston, by a wide and universally safe use. With many it has recently replaced chloroform, and to the entire satisfaction of the best medical observers. I have above alluded to my own use of chloroform. I have published between one and two hundred cases of its safe inhalation in labor. I say the same thing again; and add, too, that among the deaths after its use in Europe and America, not a single one has occurred in obstetric practice. It is a highly interesting fact that chloroform has been most frequently followed by death in cases of minor surgery, and as a *preparation* for trifling as well as important operations. But of this I have already spoken.

Now in this view of our subject, may I not ask why we do not, and why should we not, rather confine ourselves to the use of *sulphuric ether*, which is perfectly safe—which I have seen used in wasteful profusion, and always without the least harm, than to employ chloroform, which has been followed by the gravest results, the causes of which are wrapt in such impenetrable mystery as to make it impossible for us to make any calculations concerning them? I have said that cases may arise in which sulphuric ether may fail, and in which chloroform has been successfully used. In such it may be used still.

MANCHESTER, ENGLAND. — My latest days abroad were passed in Lancashire, the great manufacturing capital of which is Manchester. It contains towards half a million of people, and the laboring population of the two millions of the shire are daily and hourly working for Manchester. What the amount of this labor is, you learn from the enormous warehouses—the mills, and the crowded Exchange which can accommodate three thousand, but which must be enlarged to meet the daily increasing demand. This noble city was to me a place of deep interest. What had been done and what was doing, for so many men and so many women congregated for work—yes, to devote their lives to useful labor—to labor, the products of which were to make an important part of that supply which the world's want demands? I answer that every arrangement has been made or is in progress for the intellectual and moral culture and the physical health and comfort of this most important order in any and all communities. I have no room here for detail. But the proof was everywhere—in libraries, schools, reading-rooms, parks, walks, model houses, washing establishments, hospitals, &c. &c. I was delighted to wander about such a city, and to learn what were existing arrangements for most important interests. I do not say that the whole demand is supplied; but I can say that hearts, and minds, and hands are at work here to do what may be done to meet so wide a demand.

Professor Simpson kindly gave me letters to Dr. Clay, and to Dr. Reid, of Manchester; and a correspondence of many years, and the interchange of professional and literary works, had for a long time made me acquainted with Mr. Surgeon Roberton, one of the ablest medical writers of the day. Professional engagements out of the city prevented my seeing Dr. Reid, and so my time came to be divided between Dr. Clay and Mr. Roberton. The hospitality of both those gentlemen I shall not forget. With Mr. Roberton I had my home.

With Dr. Clay I passed many hours in his carriage, in his study, at his

table. He showed me some of the public works to which I have alluded, especially those devoted to the highest culture of the operative. He has been a laborer, and a successful one, for his profession. "The British Record of Obstetric Medicine, Surgery, and Diseases of Women and Children, &c. &c., to which is annexed a Library of rare Obstetrical, Medical, and Surgical Monographs, &c." is among the works which he has contributed to medical literature. It was continued two years, and is as honorable to the author's industry, as it is useful to the profession. It did not receive that patronage which it richly deserved, and which was necessary to its continuance, and ceased with the completion of its second volume. I regard this as one of the most important additions to my library. Dr. Clay's library is rich in the rare and valuable in medicine. He showed me his treasures in this way, and most curious are they. He has copies of the earliest works in medicine, especially on midwifery, and in a variety of editions and languages—the history of medicine, in permanent, and trustworthy records. Dr. Clay will have a lasting and honored memory in his Operations for the Extirpation of Diseased Ovary by the large Incision, between Sept. 12, 1842, and Sept. 17, 1852, the day I left Manchester. The following is written on a fly-leaf of a copy of Dr. C.'s volume, containing his operations, which he gave me, and which was published in 1842.

"*Manchester, September 17th*, 1852.—Since the publication of the first forty cases (annexed), I have operated fifteen times, four of which have died, and eleven recovered, making a total of fifty cases, of which eighteen died. CHARLES CLAY, M.D."

The comparative success of Dr. Clay's operations, I am not able to estimate, as I have not at hand the operations of others with which to make the comparison. In his large experience in this way, he has had under his care the great variety of forms under which chronic diseases of the ovaries show themselves. He has operated on the least promising; and when his diagnosis, made with all care, has been amended, or set aside by the revelations of the operation, he has nevertheless gone steadily on, except in one remarkable case, in which it was clear that such was the extent and whole size of the base of the tumor, as to make it sure that to have cut through it must have produced fatal hemorrhage. Dr. Clay has operated against a weight of professional opinion, heavy enough to have discouraged any man. Some may think that it would have been better not to have referred to this in his report of cases. But is not the general value of his diagnosis and that of his operations always increased, by that opinion which asserted beforehand their dangers, and afterwards that they were unnecessary? I have now Dr. Clay's work on this subject, and cheerfully express my admiration at what he attempted, and my exceeding pleasure at his success.

My last day abroad was spent in Liverpool. I had little time for explorations here; and contented myself with a drive with a friend over this great city—visiting its docks, and various other arrangements, for so much of the commerce of the world; and next morning, in the good Steamer Canada, with excellent Captain Laing for master—and with

one hundred and forty-one other passengers, and with one hundred and seven steamers in company, begun my return voyage home.

I remain very truly yours, W. CHANNING.

*Boston, Oct. 25th*, 1852.

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## M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Medicale—Translated from the French by D. D. SLADE, M.D. Boston, and communicated for the Boston Medical and Surgical Journal.

### TWELFTH LETTER.

MY DEAR FRIEND,—Does there exist any real difference between the natural and the artificial contagion? This is the subject of our conference.

The observation and rigorous analysis of facts demonstrate to those who do not suffer themselves to be led away either by prejudice, or by preconceived ideas, that the contagion of syphilis, under whatever circumstance it may operate, is reduced in the final analysis to a process of inoculation more or less analogous to the process by the lancet. The lancet, in fact, inoculates the accident (the chancre) which by the confession of all is the most fatally contagious. It is by this accident, by the chancre, according to observations well made and *collected in the proper time*, that syphilis commences.

Laying aside artificial inoculation, the chancre is seen to develope itself everywhere upon the surface of the body without choice of seat, and upon all the external or internal integument, which is accessible, and by consequence, without there being need either for the parts which are infected, or for those which furnish the infecting matter, of special functions or of any particular physiological condition. Other conditions are necessary for contagion.

Examine with care all the parts which are affected, you will find that it is those which present the most favorable conditions for mechanical lesions, for scratches, for lacerations, and for solutions of continuity of every kind; you will find, also, that it is there where voluminous and numerous follicles exist into which the virulent matter can introduce itself, that the accident is by preference developed.

Is it not true that in the male it is more particularly the border of the prepuce, especially when there is a phymosis more or less pronounced, the neighborhood of the frænum, the adherent points of the semi-mucous surface of the gland and of the prepuce, points which not having the suppleness of other regions are more easily torn, that by preference become infected by the contagion; in the female the fourchette, the points of insertion of the nymphæ, the carunculæ myrtiformes, are the parts which most easily take on the contagion. In the other regions, is it not true that it is when excoriations exist that the contagion is established? Thus, an excoriation upon the finger is often the door where syphilis can enter. But the presence of an excoriation is absolutely indispensable. If it was otherwise, should I ever go out of the hospital without having a chancre at the end of each of my ten fingers? The chancre often appears upon the lips, but the lips are almost always cracked;